the largest cohort study ever conducted in Thailand. Costs data were based on a Thai database and presented in the year of 2013. Both costs and outcomes were discounted with 3% annually. A series of sensitivity analyses were performed. **RESULTS:** The cost-effectiveness results showed that compared with enoxaparin, fondaparinux yielded cost saving (lower cost with greater effectiveness in both societal and provider perspectives). Total cost of major bleeding with revascularization had a great impact on amount of cost saved both in societal and provider perspectives. With a threshold of 160,000 THB (4,857.32 USD), fondaparinux showed above 95% being cost-effective compared with enoxaparin. **CONCLUSIONS:** Fondaparinux might be considered as another cost-effective alternative compared to enoxaparin in the era of limited health care resources in Thailand.

PCV33

COST-EFFECTIVENESS OF SINGLE-PILL COMBINATION THERAPY OF AMLODIPINE/ATORVASTATIN COMPARED WITH CONCURRENT TWO-PILL THERAPY IN PATIENTS WITH HYPERTENSION

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OBJECTIVES: Single-pill combination therapy may be more effective compared with two pill approach in hypertensive patients requiring concomitant statin therapy. We investigated the cost-effectiveness of single-pill amlodipine/atorvastatin (SP) therapy compared with two-pill co-administration(TP) therapy for prevention of cardiovascular disease (CVD) with consideration to adherence in patients with hypertension using simulation model. **METHODS:** Cohort simulation was performed with 1000 hypertensive patients at an increased risk of CVD or with concomitant dyslipidemia. The efficacy was defined as the number of CVD prevention, which depends on differences in patients' adherence to each alternative. 'Adherence' was defined as compliance to medication over 80% on proportional day covered (PDC) and 'non-adherence' for the remaining. The number of cardiovascular event after TP treatment was based on the ASCOT-LLA trial. The proportion of the adherent patient and the cardiovascular outcome differences in adherence level were searched through systematic review. The annual costs of medicine were included according to the adherence levels of each alternative. Average cost-effectiveness ratio (ACER) was calculated as the cost per CVD event prevented in the cohort. All costs were described in 1,000 Korean won(KRW). **RESULTS:** The number of CVD prevention in SP approach was higher than in TP approach by approximately 4cases. Total annual medication cost with SP approach was 209,719~225,164 KRW which was lesser than the cost in TP approach, 261,893~281,993KRW. ACERs in SP approach were lower than those in TP approach (214~231KRW vs 268~298KRW per prevented CVD event, respectively). SP approach reduced medication cost by around 20% per cardiovascular prevention case than TP approach. **CONCLUSIONS:** SP approach is cost effective compared with TP approach in hypertensive patients at risk of cardiovascular event or those with concomitant dyslipidemia for CVD prevention.

PCV34

THE INTEGRATED CARE PATHWAY FOR MANAGING POST STROKE (ICAPPS) PATIENTS IN THE COMMUNITY: A COST –EFFECTIVENESS ANALYSIS

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OBJECTIVES: The iCaPPS was designed to deliver comprehensive post stroke care for stroke survivors in communities with limited access to specialised stroke care services. Rehabilitation intervention and regular screening for post stroke complications were additional features of iCaPPS compared with conventional care practices. A cost effectiveness analysis study was done to ascertain impact of iCaPPS on quality of life compared with current conventional monitoring based in public healthcentres. **METHODS:** A cluster randomised controlled trial on 151 post stroke patients from 10 selected public healthcentres in Peninsular Malaysia was done to evaluate quality of life (QoL) of patients managed with iCaPPS (n=86) vs conventional care (n=65) for 6 months. Costs from provider and patient perspective were calculated. QoL was evaluated using EQ-5D health state utility scores. Cost per quality adjusted life year (QALY) gained and incremental cost effectiveness ratio (ICER) were determined. Differences within groups were determined using Mann-Whitney tests. **RESULTS:** Total costs for 6 months treatment with iCaPPS was RM893.75 (USD271.12), while conventional care cost RM408.47 (USD123.91). QALY for iCaPPS patients was 0.55 (0,1.65) compared to conventional care 0.32 (0, 0.73) (z=-0.21, p=0.84). Cost per QALY gained for iCaPPS was RM 1625.00 (USD492.95), while conventional care was RM1276.46 (USD387.22). The ICER was RM2109.91 (USD640.05), equivalent to 6.84% of per capita GDP. **CONCLUSIONS:** Managing post stroke patients using the iCaPPS protocol in the community cost 2.2 times more than conventional care although QALY scores improved. The management of post stroke patients in the community using iCaPPS protocol is cost effective compared to current conventional care in public healthcentres.

PCV35

MARKOV MODEL-BASED ECONOMIC EVALUATION OF COMBINATION THERAPY WITH EZETIMIBE AND STATIN MONOTHERAPY

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INTRODUCTION: The iCaPPS was designed to deliver comprehensive post stroke care for stroke survivors in communities with limited access to specialised stroke care services. Rehabilitation intervention and regular screening for post stroke complications were additional features of iCaPPS compared with conventional care practices. **OBJECTIVES:** A cost effectiveness analysis study was done to ascertain impact of iCaPPS on quality of life compared with current conventional monitoring based in public healthcentres. **METHODS:** A cluster randomised controlled trial on 151 post stroke patients from 10 selected public healthcentres in Peninsular Malaysia was done to evaluate quality of life (QoL) of patients managed with iCaPPS (n=86) vs conventional care (n=65) for 6 months. Costs from provider and patient perspective were calculated. QoL was evaluated using EQ-5D health state utility scores. Cost per quality adjusted life year (QALY) gained and incremental cost effectiveness ratio (ICER) were determined. Differences within groups were determined using Mann-Whitney tests. **RESULTS:** Total costs for 6 months treatment with iCaPPS was RM**790.34**, while conventional care cost RM**527.22**. QALY for iCaPPS patients was 0.55 (0,1.65) compared to conventional care 0.32 (0, 0.73) (z=-0.21, p=0.84). Cost per QALY gained for iCaPPS was RM**1436.98**, conventional care was RM**1647.56**. The ICER was RM**1144.00**, equivalent to **3.7**% of per capita GDP. **DISCUSSION:** Managing post stroke patients using the iCaPPS protocol cost **1.5** times more than conventional care although QALY scores improved. **CONCLUSIONS:** The management of post stroke patients in the community using iCaPPS protocol is cost effective compared to current conventional care in public healthcentres.

PCV36

THE COST-EFFECTIVENESS OF FOUR CHINESE PATENT MEDICINE IN THE TREATMENT OF ANGINA PECTORIS IN CHINA

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OBJECTIVES: Coronary heart disease (CHD) remains the leading cause of death in China, requiring long-term treatment. Angina pectoris is the most common symptom of CHD. Because of fewer side effects and its application in multiple pathological link in CHD, Chinese patent medicine continue to increase its importance in the long-term treatment of angina pectoris. This study aimed to estimate the cost-effectiveness of Suxiao jiuxin pill, Shexiang baoxin pill, Tongxinluo capsule and Compound Danshen dropping pill in the treatment of angina pectoris, to provide reference for reasonable clinical prescription. **METHODS:** A decision-analytic model was developed to estimate the cost-effectiveness of Suxiao jiuxin pill, Shexiang baoxin pill, Tongxinluo capsule and Compound Danshen dropping pill from the perspective of the whole society with a time horizon of 4 weeks. In the model, outcome on effectiveness was based on quantitative synthetic of Meta analysis.And cost data was mainly based on the published data and in combination with China's practical situation. Uncertainty was investigated with probabilistic sensitivity analysis, and the expected value of efficient, period of treatment, drug prices and average daily dose were also calculated. **RESULTS:** The effective rates of Suxiao jiuxin pill,Shexiang baoxin pill,Tongxinluo capsule and Compound Danshen dropping pill were 89.67%, 87.11%, 85.13%, 83.71%, respectively; total costs were $62.31,$64.21,$100.29,$70.08, respectively.Sensitivity analysis suggested the robustness of the results. **CONCLUSIONS:** Results of the model indicate that Suxiao jiuxin pill appears to be the most cost-effective.The availability of more high-quality clinical data would allow a better adaptation of the model . Future research could be focused on this.

PCV37

COMPARATIVE COST-EFFECTIVENESS OF CT PERFUSION FOR SELECTING STROKE PATIENTS FOR THROMBOLYSIS

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OBJECTIVES: Stroke is the third leading cause of death in developed countries. More than 80% of strokes were ischemic stroke. An accurate and timely diagnosis in ischemic stroke is crucial for treatment. CT is widely used for its quick to perform, easy to tolerate, and reliable for detection. However the early infarct signs on CT is difficult to detect and limited in its ability to identify strokes likely to be benefit from recanalization. MRI is more accurate in detecting ischemic stroke than CT due to its capability of capillary level hemodynamics and the brain parenchyma. However, the use of MRI is costly and timely, and not all the patient can tolerate it. CT perfusion (CTP) expands the role of CT by providing penumbra areas in stroke patients, which was defect of CT compared to MRI. The purpose of the present study was to evaluate the comparative cost-effectiveness of CT perfusion for selecting stroke patients for thrombolysis. **METHODS:** We searched PubMed, Embase, The Cochrane Libarary, and the major medical literature databases in China, several professional website of health technology assessment (HTA) were also searched. We adapted the systematic review method to systematic evaluate the cost effectiveness of CT perfusion. We also have constructed a decision tree model used published literatures to evaluate the cost effectiveness of CT perfusion in China. **RESULTS:** Two economic studies were inclued. The ratios of cost effectiveness of CT, CTP and MRI for selecting stroke patients for thrombolysis were 2983.7£/QALY, 2951.4£/QALY and 2982.9£/QALY in UK, 100483.5$/QALY and 99406.1$/QALY just for CT and CTP respectively in US, and 113492.4¥/QALY, 113615¥/QALY and 120831.9¥/QALY in China. **CONCLUSIONS:** The results of our comparative economic evaluation show that CTP were more cost effectivenes amongCT and MRI in selecting stroke patients for thrombolysis both in China and abroad.

PCV38

A COST-UTILITY ANALYSIS OF CALCIUM CHANNEL BLOCKERS (CCBS) COMPARED WITH ANGIOTENSIN II RECEPTOR BLOCKERS (ARBS) IN PREVENTING STROKE AND MYOCARDIAL INFARCTION AMONG HYPERTENSION PATIENTS IN THE TAIWAN

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OBJECTIVES: Hypertension is a major risk factor for stroke and myocardial infarction (MI), which imposes a substantial burden on patients, caregivers, and society. Despite the high financial burden, limited studies have examined the cost-effectiveness of hypertension treatments in Taiwan. This cost utility analysis was conducted to determine the costs and quality-adjusted life years (QALYs) associated with amlodipine (CCB) and valsartan (ARB) in preventing stroke and MI among Taiwanese hypertension patients. **METHODS:** A Markov model was developed, consisting of six states including alive without stroke/MI, MI, post-MI, stroke, post-stroke, and death. We estimated the costs and QALYS of amlodipine and valsartan in a five-year time period. Effectiveness data were based on a published meta-analysis. Costs of drugs, direct